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studies considered that antibiotic prophylaxis was never routinely recommended, while three^{6 11 13} suggested that prophylaxis could be considered in individual patients with prosthetic valves or after previous endocarditis.

The evidence points overwhelmingly in favour of the European Society of Cardiology guidance which is not to use antibiotic prophylaxis routinely for transoesophageal echocardiography for any indication. It may be reasonable to consider antibiotics in occasional cases—for example, a patient with a replacement heart valve and evidence of poor oral hygiene in whom the study is being performed for an indication other than suspected endocarditis. In these individual cases, practice is governed by clinical common sense rather than evidence.

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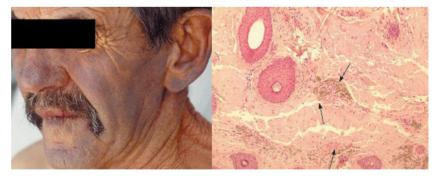
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doi: 10.1136/hrt.2005.072694

Blue-grey cutaneous discolouration secondary to amiodarone treatment

78 year old man was admitted to the cardiology department because of atrial fibrillation with rapid ventricular response. He was an inhabitant of a remote rural area and had been treated with amiodarone for five years, but without medical supervision for a long time.

Physical examination revealed a blue-grey discolouration of his face. The laboratory tests revealed a 100 fold rise of his serum aminotransferase concentrations 3175 μ /l, ALT 2662 μ /l). The drug regimen was discontinued and long term anticoagulation and digoxin treatment were used. A skin biopsy was performed and fixed in formalin. Paraffin sections were stained with haematoxylin and eosin (H&E) stain, Perl's for haemosiderin, and Masson-Fontana for melanin pigment. The epidermis was normal but scattered aggregates of macrophages containing ample fine golden brown pigment granules negative for haemosiderin and melanin were seen in the dermis with a tendency for perivascular localisation. Single, granule laden histiocytes were also present and there was no evidence of inflammatory response. After amiodarone discontinuation, serum aminotransferase



Left: Hyperpigmentation of the face. Right: Haematoxylin and eosin stain (×200) showing pigment containing histiocytes (arrows) around dermal blood vessels.

values returned to near normal within a week's time. The skin discolouration was still evident, but diminished, at six months' follow up.

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There is no conflict of interest related to this manuscript The study complies with current ethical considerations